

ADVANCING COMPLEMENTARY AND INTEGRATIVE HEALTH IN THE VHA

**Department of
Veterans Affairs**

Memorandum

Date: May 3, 2016

From: Co-Chairs, Veterans Experience Committee (VEC)

Subj: Advancing Complementary and Integrative Health in VHA

To: Under Secretary for Health (10)

1. VA is shifting the current culture of health care from problem-based "sick care" to "whole health care," which engages and inspires Veterans to their highest level of health and well-being. The Office of Patient Centered Care & Cultural Transformation (OPCC&CT) and the Veteran Experience Committee (VEC) have worked with VHA leaders and clinical champions across the system to work towards this transformative goal. One aspect of this mission includes the promotion of complementary and integrative health (CIH) services such as acupuncture, mind-body techniques, yoga, and massage, within the VA healthcare system. CIH services promote self-healing and complement conventional (or allopathic) medical approaches to support Veterans on their path to health and well-being. In 2013, VHA established the Integrative Health Coordinating Center (IHCC) within OPCC&CT. The IHCC is charged with developing and implementing CIH strategies in clinical activities, education, and research across the system. Its two major functions are: (1) to identify and remove barriers to providing CIH across the VHA system; and (2) to serve as a resource for clinical practices and education for both Veterans and clinicians. Thus, the IHCC supports VHA's strategic plan and the MyVA plan to provide Veterans with "Access to Innovative Health Care". Implementation of CIH services across the enterprise directly supports VA's Strategic Goal #1, to "empower Veterans to improve their well-being," and the VHA Strategic Goal #1, "provide Veterans personalized, proactive, patient-driven health care." This is reinforced by the sustained high degree of congressional interest and support for CIH services, including sections 441 and 442 of the proposed bill, S. 425. The IHCC receives weekly inquiries into the types and availability of CIH services within VA.

2. The VEC is requesting your review and approval of our recommended path forward to provide policy, guidance, and regulatory change required to implement CIH services that meet the definition of basic care as described in the standard Medical Benefits Package (38 CFR 17.38(b)), and are in accord with generally accepted standards of medical practice. The VEC, in coordination with the IHCC, will build off an initial policy-working group and discussions with the Office of General Counsel (OGC) and the VHA Office of Regulatory and Administrative Affairs (ORAA) to develop a working group of subject matter experts to serve as an advisory group to the IHCC. This group of subject matter experts, to include Patient Care Services and other clinical offices, will help determine which CIH services are appropriate within a VA setting based on an evaluation of available medical and scientific literature and inform the VEC of their recommendations. Recommended services will be presented and approved through the VEC (see Attachment 3: The Vetting Process) and submitted for final approval. High priority areas where CIH services may be beneficial include chronic

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pain management (e.g., VA Opioid Safety Initiative and the use of non-pharmacologic therapies for chronic pain), mental health conditions (e.g. anxiety, depression, PTSD), and chronic disease management (e.g. cardiovascular disease, diabetes, obesity, and hypertension). During the development of this process, VEC and OPCC&CT will work with stakeholders across the VA to get input.

3. Your approval of this memo will support CIH implementation and initiate the proposed vetting process for CIH services through the VEC. The IHCC has also worked with the Office of Patient Care Services to finalize a CIH Directive for approval, and will work concurrently to identify potential VA regulatory changes in coordination with ORAA and OGC. Approval of the vetting process for CIH services identified in this memo will help ensure consistency of CIH implementation across the enterprise. Approval of this memo and subsequently the VHA Directive will help remove barriers to providing these types of therapeutic services to Veterans and allow for greater alignment between the Veteran's personalized treatment preferences and goals for attaining optimal health. The VHA Directive, supported by VA regulatory changes, will provide comprehensive guidance to help ensure equity of CIH access and implementation across multiple service lines/disciplines.
4. The IHCC serves as the lead in this work, expanding on existing efforts and with active partnerships across the organization, and is the point of contact for implementation of CIH services across the VA. IHCC will continue to work closely with the VEC on these efforts.
5. Upon receiving your approval, the IHCC will provide guidance to the field and other program offices on the approved path forward, identify subject matter experts for the vetting process, and begin work on identifying regulatory changes. Thank you for your consideration of this request.



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Attachments

Approve/Disapprove

David J. Shulkin, M.D.

Attachment 1:

Elements of the Medical Benefits Package

The elements of the Medical Benefits Package VA furnishes to Veterans enrolled in the VA healthcare system are set forth in regulation 38 CFR §17.38, entitled “Medical Benefits Package”¹ which establishes four broad criteria for inclusion of services in the package: 38 CFR §17.38(b) *Provision of the “Medical Benefits Package”*. Care referred to in the “Medical Benefits Package” will be provided to individuals only if it is determined by appropriate healthcare professionals that the care is needed to [i] promote, [ii] preserve, or [iii] restore the health of the individual and [iv] is in accord with generally accepted standards of medical practice.² The first three of these broad criteria are defined in regulation while the fourth is defined by usage and case law. All four criteria are defined in the chart below.

Regulatory Definitions	
(i) Promote health 38 CFR 17.38(b)(1)	“Care is deemed to <i>promote health</i> if the care will enhance the quality of life or daily functional level of the Veteran, identify a predisposition for development of a condition or early onset of disease which can be partly or totally ameliorated by monitoring or early diagnosis and treatment, and prevent future disease.”
(ii) Preserve health 38 CFR 17.38(b)(2)	“Care is deemed to <i>preserve health</i> if the care will maintain the current quality of life or daily functional level of the Veteran, prevent the progression of disease, cure disease, or extend life span”
(iii) Restore health 38 CFR 17.38(b)(3)	“Care is deemed to <i>restore health</i> if the care will restore the quality of life or daily functional level that has been lost due to illness or injury”
Usage and Case Law Definition	
(iv) In accord with generally accepted standards of medical practice.	“the standard of care owed to patients is the level of skill, expertise, and care possessed and practiced by physicians in the same or similar community, and under similar circumstances”. ³ “Physicians must adhere to a national standard of care whereby the physician must act with the ‘degree of skill and care ordinarily possessed by a reasonable prudent physician in the same medical specialty acting under the same or similar circumstances’”. ⁴ “The exception to this standard is that a physician who holds himself out as having specialized skill, training, or knowledge will be held to the reasonable standard of a physician who truly holds the specialized knowledge”. ⁵

¹ The term “medical services” is found at 38 USC §1709(6) and includes, in addition to medical examination, treatment, and rehabilitative services, the following: (A) Surgical services. (B) Dental services and appliances as described in sections 1710 and 1712 of this title. (C) Optometric and podiatric services. (D) Preventive health services

Available at: <http://uscode.house.gov/browse/prelim@title38/part2/chapter17/subchapterI&edition=prelim> ² 38

CFR §17.38(b), available at: http://www.ecfr.gov/cgi-bin/text-idx?SID=e17d687d1a7e539599229e64f7090300&mc=true&node=se38.1.17_138&rgn=div8

³ <http://injury.findlaw.com/medical-malpractice/sub-standard-care-treatment-or-surgery.html#sthash.FaaYa8HY.dpuf>

⁴ Meghan O’ Connor, “Tort Trial and Insurance Practice Section, American Bar Association”, 2009-10, <http://apps.americanbar.org/tips/lawstudent/five.doc>. See e.g., *Munro v. Regents of the Univ. of Cal.*, 215 Cal. App.3d 977, 984- 84, 263 Cal. Rptr. 878, 882 (Ct. App. 1989); *Hood v. Phillips*, 554 S.W.2d 160, 165 (Tex. 1977).

⁵ Meghan O’ Connor, *Id.* See *id.* at 817 (“It does not matter whether the physician led any specific patient to have an actual expectation that the physician would exercise a greater level of skill, so long as the physician has taken ‘affirmative steps’ to present himself or herself to the public as a specialist”).

Attachment 2:

Issues to Consider

- A. Adjustments to VHA business processes will be required to provide infrastructure of CIH service delivery across VHA. Additionally, CIH services may need to compete for resources with existing VHA programs. These processes have begun and will be reinforced by the clarification provided by this memo.
- B. Approval of the VHA Directive is critical to ensure eligible Veterans have consistent access to a standard set of CIH services. Further, a regulatory change will help to fully support application of the VHA Directive.
- C. The Healthcare Analysis and Information Group conducted a survey to evaluate and report on the current state of CIH services across the VA Health Care System. The information from this report will be used to identify strategic initiatives and programmatic directions that may be addressed by the OPCC&CT and the recently established IHCC. Notably, 93% of VHA facilities are currently providing one or more CIH service and therefore the clarification that CIH services are within the Medical Benefits Package is critical at this time. The data is available through the following link: http://vaww.va.gov/HAIG/haig_pubs.asp

Attachment 3:

The Vetting Process

The Vetting process and criteria for CIH services to be recommended for inclusion in the medical benefits package are outlined below.

Similar to the evaluation process for conventional modalities, CIH services that will be recommended for integration into VHA care must show evidence of safety and, at a minimum, promising or potential benefit. Once approved, the IHCC will serve as the entity which will provide guidance to the field regarding CIH modalities that are suitable for inclusion in VHA care. The IHCC will also field requests for evaluation of CIH modality suitability for inclusion within VHA care.

The Policy Working Group developed a set of criteria to be used in making a case for CIH services. The criteria include the following factors:

- Clinical evidence – In 2005, the Institute of Medicine “Complementary and Alternative Medicine Committee” recommended that the same principles and standards of evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional medicine or CAM. Implementing this recommendation requires that investigators use and develop as necessary common methods, measures, and standards for the generation and interpretation of evidence necessary for making decisions about the use of CAM and conventional therapies. The Committee acknowledges that the characteristics of some CAM therapies—such as variable practitioner approaches, customized treatments, “bundles” (combinations) of treatments, and hard-to-measure outcomes— are difficult to incorporate into treatment-effectiveness studies. These characteristics are not unique to CAM, but they are more frequently found in CAM than in conventional therapies.
- Licensing and credentialing
- Clinical practice guidelines, current evidence, community standards, and potential for harm
- Veteran demand (although the clinical need and appropriateness of any treatment is based on the clinical judgment of the provider and services are not provided solely at the request or preference of the patient)
- Supports transformation of healthcare delivery